NAVINSGEN
Oversight Inspection Unit

Findings and Process Improvements

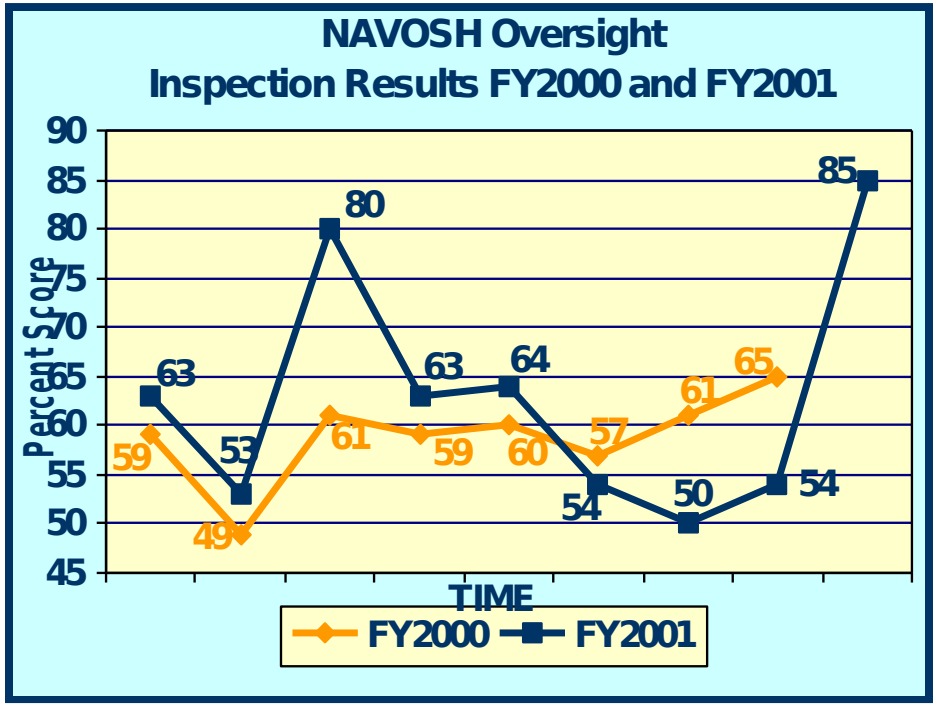
42nd Navy Occupational Health and Preventive Medicine Workshop

20 March 2002

Outline

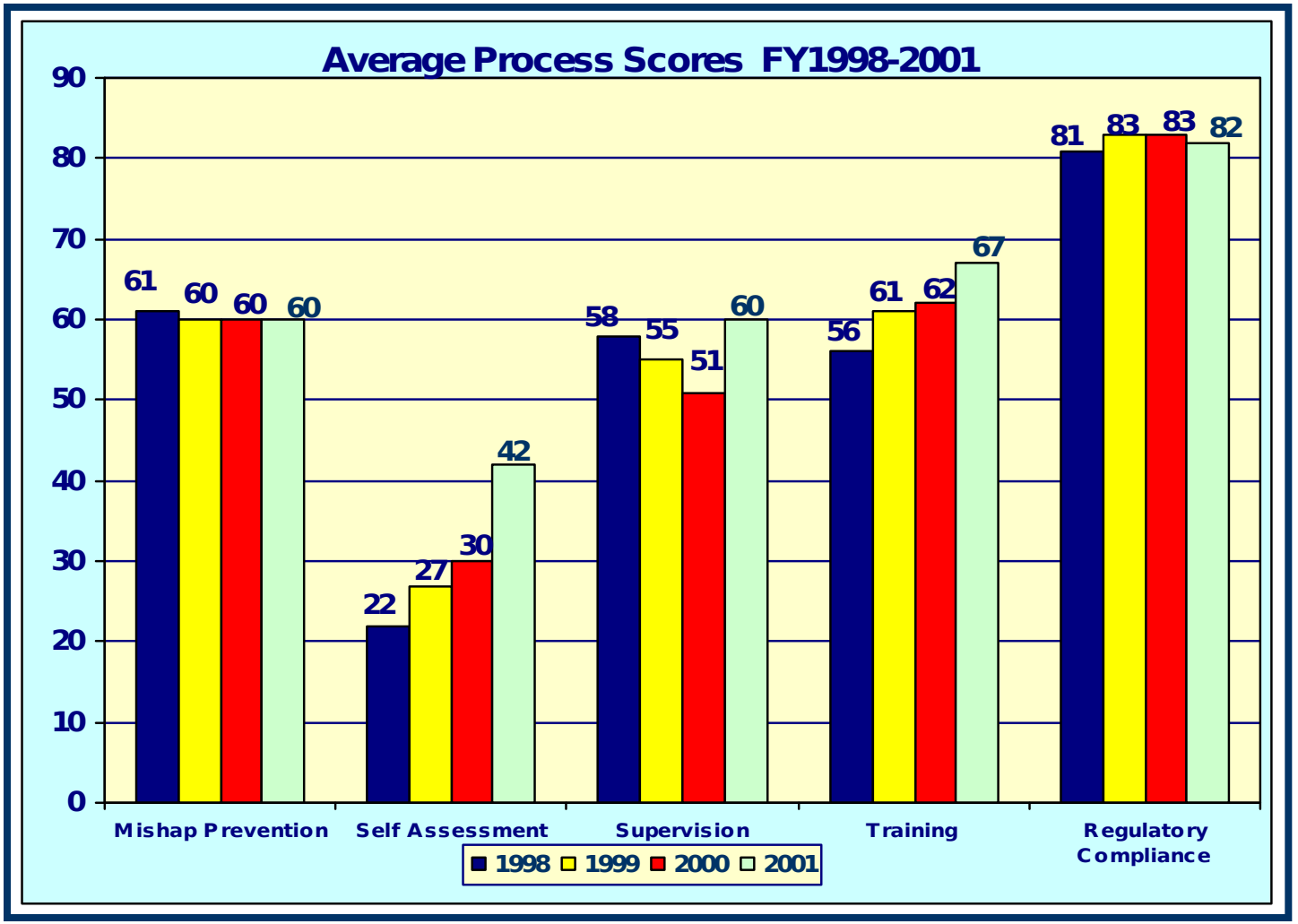
- Scope
- Inspection Results and Trends
- PR&MS Findings
- Areas of Concern
- Feedback

FY 00 & FY 01 Inspection Results



- 9 conducted FY2001
  8 FY2000
- Scores ranged btw 50-85%
- Average score 63%
- FY01 4 points average > than FY00
- Activities moving toward process management format
- 2 activities excelled due to personnel commitment and total command support

PR&MS Models


Average Process Scores FY1998-2001
90
80
70
60
50
40
30
20
10
0
61
60
60
60
22
27
30
42
58
55
51
60
56
61
62
67
81
83
83
82
Mishap Prevention
Self Assessment
Supervision
Training
Regulatory Compliance
1998
1999
2000
2001

Trends

- Two activities and one region fell below the previous year's average score due to:
  - Limited echelon 2 support
  - Relocation of OSH offices and personnel into new offices with new roles and responsibilities
  - Personnel losses and no replacements to complete existing work load responsibilities
  - Slow cultural change from strict compliance results to process-based management
  - Lack of accountability and effective integration of OSH into command goals and objectives

Mishap Prevention Findings

- Not all data sources were used to assist in the analysis of mishap problem areas.
- **"R" -** No formal process was prepared to gather data to analyze and trend mishaps.
- **"R" -** Mishap logs were often inadequately maintained and did not include near misses.
- Analysis of mishap data was seldom forwarded to process owner for action.
- Cognizant levels of management and supervisors did not record data after mishap occurrences, which impacted accurate recordkeeping and subsequent analysis for trending.
- Process owners were not supportive of the Mishap Prevention Program.

Supervision Findings

- **"R" –** Command structure was unaware of the requirements of the PR&MS.
- **"R" -** Performance standards for supervisors were limited; the generic language failed to reflect OSH performance and personal accountability.
- Civilian supervisors were not always aware of workplace hazards and expectations.
- Complacency existed among employees and supervisors to identify and correct hazards.
- Integration of OSH into the command culture/business was limited.

OSH Training Findings

- **"R" -** Process gaps were noted in training plan development, coverage, content, execution and recordkeeping.
- **"R" -** Training plans were not available, or where present did not target specific audiences.
- **"R" -** No procedures to evaluate effectiveness of training.

Self-Assessment Findings

- **"R" -** Activities had not developed a formal self-assessment process to address each key process.
- There was no process to implement and track action plans for program improvements.
- There was limited data driven analysis conducted and documentation of resource needs.

Regulatory Compliance Findings

"R" - Commands lacked a process or systematic approach to ensure an acceptable, consistent and continuous level of compliance existed throughout the command. Commands had not developed strategies to maintain an acceptable level of performance.

Top Six Regulatory Compliance

Administrative Program Findings

Command Support for NAVOSH	**7 of 9 inspections**
OSH Inspection Program	**7 of 9 inspections**
Deficiency Abatement Program	**6 of 9 inspections**
Mishap Investigation and Reporting	**7 of 9 inspections**
Energy Control Program	**6 of 9 inspections**
HMC&M	**7 of 9 inspections**

Top Six Regulatory Compliance Workplace Deficiencies FY2001

Findings	Instances
Electrical	**96**
Machine Guarding	**88**
HAZMAT	**63**
Respirator/Personal Protective Equipment	**58**
Eyewash/Showers	**30**
Walking/Working Surfaces	**26**

Customer-Focused Support Findings*

- **"R"** – Host commands had not always coordinated with Customers to determine OSH needs, services and develop agreements to support OSH programs.

- Activities had not established a formal process to survey and evaluate customer satisfaction.

* Conducted at commands with large numbers of OSH external customers.

Oversight Inspection Feedback Data

- OSH community at the activity level appears to have accepted PR&MS
- Activity perception of inspection evaluation methodology seen as fair, effective, and focused
- Overall feedback scores/averages ranged from 4.4 to 4.7 out of 5, indicating a positive perception of the review
- Guidance from echelon 2s concerning PR&MS is still lacking

Areas of Concern

- Upcoming potential PR&MS changes.
- Staffing shortfalls through retirements, personnel movements, organizational gapping billets have contributed to ineffective NAVOSH Program goal attainment.
- Regionalization has been slow. Major impacts include coordinating activity roles and responsibilities among the commands attempting to regionalize and relinquishing staff members to those regions without the assurance of continued quality NAVOSH support to follow.

PR&MS SCORING TRENDS